

Format of the Disability Certificate

Name and address of the Institute/ Hospital

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph of
the candidate showing the
disability duly
attested by the
Chairperson of the Medical
Board

This is certified that Shir/Smt/Km. _____ son/wife/daughter of
Shri _____ age _____ sex _____ identification
mark(s) _____ is suffering from permanent disability of following category:-

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip
- (iii) BLA- Both legs and both arms affected.
- (iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf
(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____years _____months*.

3. Percentage of disability in his/her case is _____percent.

4. Sh./Smt./Kum_____meets the following physical requirements for discharge of his/her duties.

- | | | |
|--------|---|--------|
| (i) | F-can perform work by manipulating with fingers | Yes/No |
| (ii) | PP—can perform work by pulling and pushing | Yes/No |
| (iii) | L-can perform work by lifting | Yes/No |
| (iv) | KC-can perform work by kneeling and crouching | Yes/No |
| (v) | B-can perform work by bending | Yes/No |
| (vi) | S-can perform work by sitting. | Yes/No |
| (vii) | ST- can perform work by standing | Yes/No |
| (viii) | W-can perform work by walking | Yes/No |
| (ix) | SE-can perform work by seeing. | Yes/No |
| (x) | H-can perform work by hearing/speaking | Yes/No |
| (xi) | RW-can perform work by reading and writing | Yes/No |

(Dr._____)
Member
Medical Board

(Dr._____)
Member
Medical Board

(Dr._____)
Member
Medical Board

Countersigned by the Medical
Superintendent/CMO/
Head of Hospital (with seal)

*Strike out which is not applicable